

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an
amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name	<p>Write the name that is on your government-issued picture identification (for example, your driver's license or passport).</p> <p>Bring your picture identification to your meeting with the trustee.</p>	<p>First Name: <u>Angela</u></p> <p>Middle Name: <u>Margrave</u></p> <p>Last Name: <u></u></p> <p>Suffix (Sr., Jr., II, III): <u></u></p>
		<p>First Name: _____</p> <p>Middle Name: _____</p> <p>Last Name: _____</p> <p>Suffix (Sr., Jr., II, III): _____</p>
2. All other names you have used in the last 8 years	<p>Include your married or maiden names.</p>	<p>First Name: _____</p> <p>Middle Name: _____</p> <p>Last Name: _____</p>
		<p>First Name: _____</p> <p>Middle Name: _____</p> <p>Last Name: _____</p>
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	<p>xxx - xx - <u>9</u> <u>1</u> <u>2</u> <u>0</u></p> <p>OR</p> <p>9xx - xx - _____</p>	<p>xxx - xx - _____</p> <p>OR</p> <p>9xx - xx - _____</p>

Debtor 1 Angela Margrave

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

About Debtor 1: I have not used any business names or EINs. I have not used any business names or EINs.

Business name _____

EIN _____

EIN _____

EIN _____

EIN _____

5. Where you live**3609 Memory Ln**

Number Street _____

Number Street _____

Amarillo**TX****79109**

City _____

State _____

ZIP Code _____

City _____ State _____ ZIP Code _____

RANDALL

County _____

City _____

State _____

ZIP Code _____

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street _____

Number Street _____

P.O. Box _____

P.O. Box _____

City _____ State _____ ZIP Code _____

City _____ State _____ ZIP Code _____

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under****Check one:** (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Debtor 1 Angela Margrave

Case number (if known) _____

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes.

District _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYYDistrict _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Angela Margrave

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City _____ State _____ ZIP Code _____

Debtor 1 Angela Margrave

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Angela Margrave

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. **What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

17. **Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No
 Yes

18. **How many creditors do you estimate that you owe?**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. **How much do you estimate your assets to be worth?**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. **How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor 1 Angela Margrave

Case number (if known) _____

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

Executed on 01/10/2020

MM / DD / YYYY

X _____

Signature of Debtor 2

Executed on _____

MM / DD / YYYY

Debtor 1 Angela Margrave

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Patrick A. Swindell

Signature of Attorney for Debtor

Date **01/10/2020**

MM / DD / YYYY

Patrick A. Swindell

Printed name

Swindell Law Firm

Firm Name

106 S.W. 7th Ave.

Number Street

Amarillo

City

TX

State

79101

ZIP Code

Contact phone **(806) 374-7979**

Email address _____

19587450

Bar number

State _____

Fill in this information to identify your case and this filing:

Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... → **\$0.00**

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1.	Make: <u>Mitsubishi</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
Model: <u>Outback Sport</u>	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: <u>2016</u>	<input type="checkbox"/> Debtor 2 only	\$8,733.00	
Approximate mileage: <u>60,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only	\$8,733.00	
Other information: 2016 Mitsubishi Outback Sport (approx. 60,000 miles)	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)		

Debtor 1 Angela Margrave Case number (if known) _____4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

\$8,733.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. **Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe..... See continuation page(s). \$1,380.00

7. **Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe..... TVs (2)
COMPUTER
VIDEO GAME SYSTEM
PRINTER
DVD PLAYER \$510.00

8. **Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. **Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. **Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. **Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe..... CLOTHES \$400.00

Debtor 1 Angela Margrave Case number (if known) _____**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**JEWELRY****\$150.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....** → **\$2,440.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes..... Cash:**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1.	Checking account:	Wells Fargo (Checking 6711902954)	\$198.76
17.2.	Checking account:	First National Bank of Texas (Checking ***4351)	(\$295.46)
17.3.	Checking account:	Discover Bank (Checking***3574)	\$4.19
17.4.	Savings account:	Discover Bank (Savings/Money Market ***8485)	\$7.21
17.5.	Savings account:	First National Bank of Texas (Savings ***3829)	\$3.10

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes..... Institution or issuer name:

Debtor 1 Angela Margrave Case number (if known) _____**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No
 Yes. Give specific information about

them..... Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: Govt Thrift Saving Plan\$20,000.00**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes.....

Institution name or individual:

Security deposit on rental unit: Security Deposit for home\$1,000.00**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No
 Yes.....

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them

Debtor 1 Angela Margrave Case number (if known) _____

Money or property owed to you? **Current value of the portion you own?**
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____
 State: _____
 Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information

Alimony: _____
 Maintenance: _____
 Support: _____
 Divorce settlement: _____
 Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.....

Company name:	Beneficiary:	Surrender or refund value:
Federal Employees Life Insur		
Type: whole/universal		
Insured: spouse		children only - no spouse
		\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

No
 Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

Debtor 1 Angela Margrave Case number (if known) _____

35. Any financial assets you did not already list

No
 Yes. Give specific information _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... → \$20,917.80**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No
 Yes. Describe... _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe... _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe... _____

41. Inventory

No
 Yes. Describe... _____

42. Interests in partnerships or joint ventures

No
 Yes. Describe..... Name of entity: _____ % of ownership:

43. Customer lists, mailing lists, or other compilations

No
 Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe.... _____

Debtor 1 Angela Margrave Case number (if known) _____

44. Any business-related property you did not already list

No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → \$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes....

48. Crops--either growing or harvested

No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes....

50. Farm and fishing supplies, chemicals, and feed

No
 Yes....

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → \$0.00

Debtor 1 Angela Margrave

Case number (if known) _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.54. Add the dollar value of all of your entries from Part 7. Write that number here. → \$0.00**Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2. → \$0.0056. Part 2: Total vehicles, line 5 \$8,733.0057. Part 3: Total personal and household items, line 15 \$2,440.0058. Part 4: Total financial assets, line 36 \$20,917.8059. Part 5: Total business-related property, line 45 \$0.0060. Part 6: Total farm- and fishing-related property, line 52 \$0.0061. Part 7: Total other property not listed, line 54 \$0.0062. Total personal property. Add lines 56 through 61. → \$32,090.80 Copy personal property total → \$32,090.8063. Total of all property on Schedule A/B. Add line 55 + line 62. → \$32,090.80

Debtor 1 Angela Margrave Case number (if known) _____6. Household goods and furnishings (details):

LIVING ROOM FURNITURE	<u>\$250.00</u>
KITCHEN TABLE	<u>\$75.00</u>
REFRIGERATOR / FREEZER	<u>\$100.00</u>
MICROWAVE	<u>\$25.00</u>
WASHING MACHINE	<u>\$100.00</u>
CLOTHES DRYER	<u>\$100.00</u>
DISHES / FLATWARE	<u>\$50.00</u>
POTS / PANS / COOKWARE	<u></u>
BEDROOM FURNITURE	<u>\$500.00</u>
LAMPS / ACCESSORIES	<u>\$40.00</u>
YARD /LANDSCAPING TOOLS	<u></u>
LAWNMOWER	<u>\$140.00</u>

Fill in this information to identify your case:		
Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name
Debtor 2	Last Name	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>		
Case number (if known)		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
--	--------------------------------------	-----------------------------------	------------------------------------

Brief description: 2016 Mitsubishi Outback Sport (approx. 60,000 miles)	<u>\$8,733.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
---	-------------------	---	------------------------------

Brief description: LIVING ROOM FURNITURE	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
--	-----------------	---	------------------------------

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: KITCHEN TABLE	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: REFRIGERATOR / FREEZER	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: MICROWAVE	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: WASHING MACHINE	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: CLOTHES DRYER	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: DISHES / FLATWARE POTS / PANS / COOKWARE	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: BEDROOM FURNITURE	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: LAMPS / ACCESSORIES	<u>\$40.00</u>	<input checked="" type="checkbox"/> <u>\$40.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: YARD /LANDSCAPING TOOLS LAWNMOWER	<u>\$140.00</u>	<input checked="" type="checkbox"/> <u>\$140.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>6</u>			

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: TVs (2) COMPUTER VIDEO GAME SYSTEM PRINTER DVD PLAYER	<u>\$510.00</u>	<input checked="" type="checkbox"/> <u>\$510.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>7</u>			
Brief description: CLOTHES	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: <u>11</u>			
Brief description: JEWELRY	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Line from Schedule A/B: <u>12</u>			
Brief description: Wells Fargo (Checking 6711902954)	<u>\$198.76</u>	<input checked="" type="checkbox"/> <u>\$198.76</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: <u>17.1</u>			
Brief description: Discover Bank (Savings/Money Market *** 8485)	<u>\$7.21</u>	<input checked="" type="checkbox"/> <u>\$7.21</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: <u>17.4</u>			
Brief description: First National Bank of Texas (Checking *** 4351)	<u>(\$295.46)</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: <u>17.2</u>			
Brief description: First National Bank of Texas (Savings *** 3829)	<u>\$3.10</u>	<input checked="" type="checkbox"/> <u>\$3.10</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: <u>17.5</u>			
Brief description: Discover Bank (Checking***3574)	<u>\$4.19</u>	<input checked="" type="checkbox"/> <u>\$4.19</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: <u>17.3</u>			

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Additional Page**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>	
Brief description: Govt Thrift Saving Plan	<u>\$20,000.00</u>	<input checked="" type="checkbox"/> <u>\$20,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E)
Line from <i>Schedule A/B</i> : <u>21</u>			
Brief description: Security Deposit for home	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : <u>22</u>			
Brief description: Federal Employees Life Insur Type: whole/universal Insured: spouse	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Line from <i>Schedule A/B</i> : <u>31</u>			

Fill in this information to identify your case:

Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

<i>Column A Amount of claim Do not deduct the value of collateral</i>	<i>Column B Value of collateral that supports this claim</i>	<i>Column C Unsecured portion If any</i>

2.1 **Describe the property that secures the claim:** \$20,068.00 \$8,733.00 \$11,335.00

Carvana
Creditor's name
PO Box 29002
Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Car Loan

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 09/20/2019 Last 4 digits of account number 0 0 0 4

Add the dollar value of your entries in Column A on this page. Write that number here:

\$20,068.00

Debtor 1 Angela Margrave Case number (if known) _____

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---------	---	--	--	---

2.2	Describe the property that secures the claim: Ipad	\$783.46	\$783.46
NPRT0 Texas Creditor's name 256 West Data Drive Number Street			

As of the date you file, the claim is: Check all that apply.	
Draper	UT 84020
City	State ZIP Code
Who owes the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim relates to a community debt	
Date debt was incurred	Last 4 digits of account number
Ipad	5 5 8 3
Nature of lien. Check all that apply.	
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Loan	

Add the dollar value of your entries in Column A on this page. Write that number here:

\$783.46

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$20,851.46

Fill in this information to identify your case:

Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

	Total claim	Priority amount	Nonpriority amount
2.1	\$1,065.00	\$1,065.00	\$0.00

Internal Revenue Service*

Priority Creditor's Name

Centralized Insolvency Operation

Number Street

PO Box 7346

Last 4 digits of account number

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Is the claim subject to offset?

No
 Yes

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim**4.1****\$115.00****Account Recovery Services..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

3144 SW 28th Ave Ste ALast 4 digits of account number 8 N 1 2When was the debt incurred? 03/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Collecting for -HIGH PLAINS DERMATOLOGY CENTER**Amarillo TX 79109**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Collecting for -HIGH PLAINS DERMATOLOGY CENTER**4.2****\$100.00****Account Recovery Services..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

3144 SW 28th Ave Ste ALast 4 digits of account number 8 N 1 1When was the debt incurred? 02/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Collecting for -ADVANCED IMAGING CENTER**Amarillo TX 79109**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Collecting for -ADVANCED IMAGING CENTER

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3		\$100.00
Account Recovery Services..		Last 4 digits of account number <u>8 N 1 0</u>
Nonpriority Creditor's Name Attn: Bankruptcy		When was the debt incurred? <u>09/2017</u>
Number Street 3144 SW 28th Ave Ste A		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Amarillo TX 79109		Type of NONPRIORITY unsecured claim:
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for -ADVANCED IMAGING CENTER
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Collecting for -ADVANCED IMAGING CENTER		
4.4		\$100.00
Advanced Imaging Center		Last 4 digits of account number <u>2 0 0 0</u>
Nonpriority Creditor's Name 7010 SW 9th Ave		When was the debt incurred? <u>12/19/2018-12/19/2018</u>
Number Street		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Amarillo TX 79106		Type of NONPRIORITY unsecured claim:
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.5 \$413.00**Afni, Inc...**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 3427**Bloomington IL 61702**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Collecting for -AT T U-VERSELast 4 digits of account number 1 6 4 9When was the debt incurred? 05/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -AT T U-VERSE

4.6

\$300.00**AMARILLO BONE AND JOINT**

Nonpriority Creditor's Name

1100 S COULTER ST

Number Street

AMARILLO TX 79106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical billLast 4 digits of account number 5 8 5 3When was the debt incurred? 1/2/2018-1/2/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
medical bill

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.7		\$764.00
Amarillo Heart Group Nonpriority Creditor's Name 1901 Port Lane Number Street Amarillo TX 79106 City State ZIP Code		Last 4 digits of account number <u>9 1 4 3</u> When was the debt incurred? <u>7/16/2015-6/14/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes medical bill		

4.8		\$40.00
Amarillo Medical Specialists - Schaeffer Nonpriority Creditor's Name 1900 S Coulter Ste C Number Street Amarillo TX 79106-1769 City State ZIP Code		Last 4 digits of account number <u>3 5 6 2</u> When was the debt incurred? <u>9/20/2016-9/20/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes medical bill		

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.9 \$40.00**Amarillo Medical Specialists - Susan Win**Nonpriority Creditor's Name
1301 S Coulter St, Ste 106

Number Street

Last 4 digits of account number 3 5 6 2When was the debt incurred? 6/21/2017-5/8/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79106-1763

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
medical bill

4.10

\$184.00**Amarillo Urology Assoc.**Nonpriority Creditor's Name
1900 Medi Park Dr

Number Street

Last 4 digits of account number 0 5 7 5When was the debt incurred? 2/1/2010-3/9/2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
medical bill

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$96.00****4.11****Amarillo Urology Assoc.**

Nonpriority Creditor's Name

1900 Medi Park Dr

Number Street

Last 4 digits of account number **x x x x**When was the debt incurred? **2/8/2011-6/6/2012**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

4.12**\$200.00****American Medical Response**

Nonpriority Creditor's Name

PO Box 847925

Number Street

Last 4 digits of account number **5 4 2 8**When was the debt incurred? **2/13/2010-2/14/2010**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Dallas TX 75284-7925

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.13****\$1,400.00****AT&T Mobility**

Nonpriority Creditor's Name

PO Box 6463

Number Street

Last 4 digits of account number 5 3 4 1When was the debt incurred? 4/6/2017-10/11/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Carol Stream IL 60197

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Phone Bill**4.14****\$800.00****AT&T/Direct TV/U-Verse**

Nonpriority Creditor's Name

PO Box 6550

Number Street

Last 4 digits of account number 0 5 4 0When was the debt incurred? 1/1/2018-2/5/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Greenwood Village CO 80155

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Phone/Cable/Internet

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.15****\$1,375.00****ATT**

Nonpriority Creditor's Name

700 Longwater dr

Number Street

Last 4 digits of account number 5 3 4 1When was the debt incurred? 6/25/2003-6/10/2008

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Norwell MA 02061

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
other

4.16**\$500.00****Blaze Mastercard**

Nonpriority Creditor's Name

PO Box 5096

Number Street

Last 4 digits of account number 6 1 7 7When was the debt incurred? 9/1/2014-12/1/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

SD 57117-5096

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
credit card

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.17****\$115.00**

BSA Amarillo Diagnostic Clinic
 Nonpriority Creditor's Name
PO Box 840020
 Number Street

Last 4 digits of account number 2 3 4 3When was the debt incurred? 8/8/2017-11/2/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 75284-0020
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**4.18****\$115.00**

BSA Health System
 Nonpriority Creditor's Name
PO Box 950
 Number Street

Last 4 digits of account number 2 3 4 3When was the debt incurred? 4/10/2017-8/22/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79105
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.19****\$200.00****BSA Hospital**
Nonpriority Creditor's Name
PO Box 950
Number StreetLast 4 digits of account number 8 2 3 6When was the debt incurred? 7/7/2016-7/7/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX **79105**
City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
medical bill

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**4.20****\$115.00****Bull City Financial Solutions..**
Nonpriority Creditor's Name
2609 North Duke Street
Number Street
Suite 500Last 4 digits of account number 0 6 1 9When was the debt incurred? 12/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Durham NC **27704**
City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for -BSA HEALTH SYSTEM

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Collecting for -BSA HEALTH SYSTEM

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.21****\$3,000.00****CAPITAL ONE**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 7 2 4 4When was the debt incurred? 1/10/2014-1/12/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

SALT LAKE CITY UT 84130-0287

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

4.22**\$3,000.00****CAPITAL ONE**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 2 6 7 7When was the debt incurred? 1/3/2014-1/5/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

SALT LAKE CITY UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.23****\$3,000.00****CAPITAL ONE**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 6 8 0 4When was the debt incurred? 12/31/1969-1/5/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

SALT LAKE CITY UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.24****\$737.00****Capital One**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 2 9 0 3When was the debt incurred? 4/7/2005-3/5/2008

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.25****\$3,000.00****Capital One**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 0 3 4 7When was the debt incurred? 3/13/2014-6/21/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.26****\$500.00****Capital One**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 7 8 6 3When was the debt incurred? 4/11/2009-3/17/2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.27****\$800.00****Capital One**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 5 3 5 0When was the debt incurred? 11/28/2014-7/21/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

4.28**\$800.00****Capital One bank**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 2 6 7 7When was the debt incurred? 1/1/2013-1/12/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.29****\$3,000.00****CapitalOne Quicksilver**

Nonpriority Creditor's Name

P.O. Box 30285

Number Street

Last 4 digits of account number 4 9 2 6When was the debt incurred? 11/1/2014-12/1/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130-0287

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.30****\$7,526.00****Caprock Credit Corp..**

Nonpriority Creditor's Name

1111 Sw 18th Ave

Number Street

Last 4 digits of account number 0 8 0 1When was the debt incurred? 10/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79102

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Repossession - Jeep Grand Cherokee

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.31****\$1,000.00****Cardiology Center of Amarillo**

Nonpriority Creditor's Name

PO Box 1906 - 707 S Madison

Number Street

Last 4 digits of account number x x x xWhen was the debt incurred? 2/6/2013-10/19/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79105

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**4.32****\$200.00****Cash Jar**

Nonpriority Creditor's Name

PO Box 1637

Number Street

Last 4 digits of account number 2 0 0 3When was the debt incurred? 10/21/2009-12/17/2009

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Belize City CA 82845

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

payday loan

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.33****\$1,600.00****Certified Collectors Inc**

Nonpriority Creditor's Name

PO Box 1906

Number Street

Last 4 digits of account number 4 5 5 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79105

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Collections**4.34****\$1,116.00****Chase Card Services..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 15298Last 4 digits of account number 1 9 9 0When was the debt incurred? 10/10/2008

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Wilmington DE 19850

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Credit Card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.35****\$800.00****ChecknGo**Nonpriority Creditor's Name
4540 Cooper Rd. Suite 200

Number Street

Last 4 digits of account number 5 4 6 7When was the debt incurred? 5/3/2010-7/29/2010

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Cincinnati OH 45242

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

payday loan**4.36****\$17,534.00****Consumer Portfolio Svc..**

Nonpriority Creditor's Name

Attn: BankruptcyNumber Street
PO Box 57071Last 4 digits of account number 7 0 3 5When was the debt incurred? 08/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Irvine CA 92619

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Repossession

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.37****\$1,500.00****Credit One Bank**

Nonpriority Creditor's Name

PO Box 98872

Number Street

Last 4 digits of account number 6 2 0 6When was the debt incurred? 1/27/2004-10/17/2006

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Las Vegas NV 89193-8872

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

4.38**\$650.00****CreditOne**

Nonpriority Creditor's Name

PO Box 98873

Number Street

Last 4 digits of account number 7 9 2 9When was the debt incurred? 2/1/2017-12/1/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Las Vegas NV 89193-8873

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Official Form 106E/F **Schedule E/F: Creditors Who Have Unsecured Claims**

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.39****\$2,300.00****Dillards**

Nonpriority Creditor's Name

PO Box 981471

Number Street

Last 4 digits of account number 2 3 0 9When was the debt incurred? 7/17/2003-6/14/2006

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

El Paso TX 79998-1471

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.40****\$7,900.00****Discover**

Nonpriority Creditor's Name

PO Box 30416

Number Street

Last 4 digits of account number 7 5 7 1When was the debt incurred? 9/7/2006-6/9/2009

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.41****\$2,200.00****Exceptional Emergency Care**

Nonpriority Creditor's Name

1601 Elm St

Number Street

Dallas TX 75201

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical billLast 4 digits of account number 1 9 6 4When was the debt incurred? 9/5/2019-9/5/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **medical bill**

4.42**\$18,000.00****EXETER FINANCE CORP**

Nonpriority Creditor's Name

PO BOX 166097

Number Street

IRVING TX 75016

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 9 4 3 9When was the debt incurred? 8/14/2014-11/1/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **other**

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.43****\$517.00****First PREMIER Bank..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 5524**Sioux Falls SD 57117**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Credit Card**4.44****\$432.00****First Savings Bank/Blaze..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 5096**Sioux Falls SD 57117**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Credit CardLast 4 digits of account number 8 7 2 8When was the debt incurred? 09/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

Last 4 digits of account number 6 1 7 7When was the debt incurred? 09/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.45****\$115.00****High Plains Dermatology ctr**

Nonpriority Creditor's Name

4302 Wolflin Ave

Number Street

Last 4 digits of account number 1 7 0 9When was the debt incurred? 3/1/2017-10/3/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79106-5959

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**4.46****\$50.00****High Plains Radiology**

Nonpriority Creditor's Name

1901 Medi Park Dr # 2050

Number Street

Last 4 digits of account number 0 8 N 7When was the debt incurred? 6/12/2012-6/4/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.47****\$2,000.00****HSBC Bank**

Nonpriority Creditor's Name

PO Box 5253

Number Street

Last 4 digits of account number 2 4 8 7When was the debt incurred? 4/3/2003-10/17/2006

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Carol Stream IL 60197

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.48****\$2,200.00****HSBC Bank**

Nonpriority Creditor's Name

PO Box 5253

Number Street

Last 4 digits of account number 0 1 5 7When was the debt incurred? 5/19/2003-9/18/2006

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Carol Stream IL 60197

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.49****\$2,500.00****HSBC Bank - Capital One**

Nonpriority Creditor's Name

287 Independence

Number Street

Last 4 digits of account number 6 9 3 9When was the debt incurred? 7/19/2005-10/26/2006

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Virginia Beach VA 23462

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.50****\$600.00****INDIGO MASTERCARD - Genesis Financial S**

Nonpriority Creditor's Name

PO BOX 4499

Number Street

Last 4 digits of account number 2 2 7 8When was the debt incurred? 1/4/2018-1/12/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

BEAVERTON OR 97076-4499

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.51****\$9,000.00****Jan LittleJohn**
Nonpriority Creditor's Name
3319 Lombard
Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX **79106**
City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Rent - 5322 Briar, Amarillo TX 79109**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Rent - 5322 Briar, Amarillo TX 79109

4.52**\$6,577.00****Jefferson Capital Systems, LLC..**
Nonpriority Creditor's Name
PO Box 1999
Number StreetLast 4 digits of account number **3 0 0 3**When was the debt incurred? **10/2017**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Saint Cloud MN **56302**
City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Factoring Company Account
EXETER FINANCE**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Factoring Company Account

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.53****\$2,500.00**

John Terry
 Nonpriority Creditor's Name
301 S. Polk #630
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79101
 City State ZIP Code
Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Attorney Fees**

Is the claim subject to offset?
 No
 Yes

Attorney Fees**4.54****\$150.00**

LANE BRYANT
 Nonpriority Creditor's Name
450 WINKS LN
 Number Street

Last 4 digits of account number **X X X X**When was the debt incurred? **2/1/2004-4/1/2008**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

BENSALEM PA 19020
 City State ZIP Code
Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

Is the claim subject to offset?
 No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.55****\$811.00**

LVNV Funding/Resurgent Capital..
 Nonpriority Creditor's Name
Attn: Bankruptcy
 Number Street
PO Box 10497

Last 4 digits of account number 7 9 2 9When was the debt incurred? 06/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Greenville **SC** **29603**
 City State ZIP Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Factoring Company Account

Is the claim subject to offset?

No
 Yes

Factoring Company Account
CREDIT ONE BANK N.A.

4.56**\$400.00**

MASSEYS
 Nonpriority Creditor's Name
1251 1st Ave.
 Number Street

Last 4 digits of account number 3 6 A 2When was the debt incurred? 12/1/2017-9/1/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Chippewa Falls **WI** **54729**
 City State ZIP Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
other

Is the claim subject to offset?

No
 Yes

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.57****\$2,400.00****Merrick Bank**

Nonpriority Creditor's Name

POB 1500

Number Street

Last 4 digits of account number 1 4 8 2When was the debt incurred? 5/18/2004-1/8/2008

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Draper UT 84020

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.58****\$281.00****MIDNIGHT VELVET**

Nonpriority Creditor's Name

1112 7TH AVE - PO BOX 2816

Number Street

Last 4 digits of account number 1 5 5 0When was the debt incurred? 1/2/2006-1/2/2007

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

MONROE WI 53566

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.59****\$2,672.00****NCB Management Services..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

One Allied Drive**Trevose PA 19053**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Factoring Company Account**REPUBLIC BANK TRUST CO**Last 4 digits of account number 9 8 5 5When was the debt incurred? 02/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Factoring Company Account**

4.60**\$2,678.00****Nelnet..**

Nonpriority Creditor's Name

Attn: Bankruptcy Claims

Number Street

PO Box 82505**Lincoln NE 68501**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

EducationalLast 4 digits of account number 6 5 2 9When was the debt incurred? 08/2004

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.61****\$1,581.00****Nelnet..**Nonpriority Creditor's Name
Attn: Bankruptcy ClaimsNumber Street
PO Box 82505Last 4 digits of account number 6 4 2 9When was the debt incurred? 08/2004

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lincoln **NE** **68501**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Educational**4.62****\$1,580.00****Nelnet..**Nonpriority Creditor's Name
Attn: Bankruptcy ClaimsNumber Street
PO Box 82505Last 4 digits of account number 6 3 2 9When was the debt incurred? 02/2004

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lincoln **NE** **68501**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Educational

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.63****\$1,316.00****Nelnet..**Nonpriority Creditor's Name
Attn: Bankruptcy ClaimsNumber Street
PO Box 82505Last 4 digits of account number 6 7 2 9When was the debt incurred? 08/2005

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lincoln **NE** **68501**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Educational**4.64****\$791.00****Nelnet..**Nonpriority Creditor's Name
Attn: Bankruptcy ClaimsNumber Street
PO Box 82505Last 4 digits of account number 6 6 2 9When was the debt incurred? 08/2005

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lincoln **NE** **68501**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Educational

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.65****\$100.00****Northwest Texas Healthcare**

Nonpriority Creditor's Name

1501 S Coulter

Number Street

Last 4 digits of account number 0 9 8 0When was the debt incurred? 11/2/2008-11/2/2008

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**4.66****\$700.00****OrthoFi**

Nonpriority Creditor's Name

303 E 17th Ave Ste 400

Number Street

Last 4 digits of account number r a v eWhen was the debt incurred? 3/17/2017-10/16/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Denver CO 80203-1289

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.67****\$2,000.00****Plain Green Loans - Acct Serv**

Nonpriority Creditor's Name

93 Mack Road, Suite 600-PO Box 270

Number Street

Last 4 digits of account number 8 1 4 5When was the debt incurred? 7/2/2012-4/18/2013

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Box Elder**MT 59521**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

payday loan**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
payday loan

4.68**\$2,400.00****Plains Commerce Bank**

Nonpriority Creditor's Name

3817 S Elmwood Ave

Number Street

Last 4 digits of account number 9 1 0 6When was the debt incurred? 10/21/2008-3/12/2009

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Sioux Falls**SD 57105**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
credit card

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.69****\$460.00****Plains Commerce bank**

Nonpriority Creditor's Name

PO Box 89937

Number Street

Last 4 digits of account number 6 0 5 5When was the debt incurred? 7/4/2007-11/21/2007

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Sioux Falls SD 57109-6140

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.70****\$5,000.00****Plains Commerce Credit Card**

Nonpriority Creditor's Name

po box 1259

Number Street

Last 4 digits of account number 3 3 8 5When was the debt incurred? 7/16/2010-3/10/2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Oaks PA 19456

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.71****\$720.00****Portfolio Recovery..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

120 Corporate Blvd**Norfolk** **VA** **23502**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Factoring Company Account**CAPITAL ONE BANK USA N.A.**Last 4 digits of account number **5 3 5 0**When was the debt incurred? **02/2015**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Factoring Company Account**

4.72**\$452.00****Portfolio Recovery..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

120 Corporate Blvd**Norfolk** **VA** **23502**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Factoring Company Account**HSBC BANK NEVADA N.A.**Last 4 digits of account number **6 9 3 9**When was the debt incurred? **02/2015**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Factoring Company Account**

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.73****\$600.00****Premier Bankcard**Nonpriority Creditor's Name
16 McLeland Rd

Number Street

Last 4 digits of account number **7 6 6 2**When was the debt incurred? **2/3/2010-7/13/2011**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

St Cloud **MN** **56303**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
credit card

4.74**\$750.00****Quail Creek Surgical Hosp.**Nonpriority Creditor's Name
3144 SW 28th Ave Ste A

Number Street

Last 4 digits of account number **0 8 N 9**When was the debt incurred? **5/8/2017-5/8/2017**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo **TX** **79109**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
medical bill

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.75****\$28,525.00****Regional Acceptance Co..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

1424 E Firetower RdLast 4 digits of account number 4 6 0 1When was the debt incurred? 08/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Greenville SC 27858

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

2016 Chrysler 300 S**4.76****\$2,673.00****Republic Bank & Trust - Elastic Loans**

Nonpriority Creditor's Name

PO Box 950276

Number Street

Last 4 digits of account number 9 8 5 5When was the debt incurred? 4/11/2013-6/4/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Louisville KY 40295-0276

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

payday loan**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
payday loan

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.77****\$800.00****Salute Visa**

Nonpriority Creditor's Name

8875 Aero Dr Ste 2

Number Street

Last 4 digits of account number 5 1 1 6When was the debt incurred? 6/15/2004-7/7/2005

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

San Diego CA 92123

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.78****\$760.00****Security Finance**

Nonpriority Creditor's Name

PO Box 3146

Number Street

Last 4 digits of account number 5 1 5 8When was the debt incurred? 3/4/2015-3/9/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Spartanburg SC 29304

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.79****\$290.00****SelfCare Self Storage**

Nonpriority Creditor's Name

831 North Forrest Street

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Storage Unit**Month to Month****4.80****\$292.00****SEVENTH AVE**

Nonpriority Creditor's Name

1112 7TH AVE

Number Street

Last 4 digits of account number **1 5 5 0**When was the debt incurred? **1/4/2008-1/4/2010**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

MONROE WI 53566

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.81****\$3,100.00**

Shoreline Inc
 Nonpriority Creditor's Name
1220 Gregory st
 Number Street

Last 4 digits of account number 2 5 0 4When was the debt incurred? 5/3/2010-7/15/2010

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Taft TX **78390**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill**4.82****\$250.00**

Suddenlink
 Nonpriority Creditor's Name
520 Maryville Centre Dr
 Number Street

Last 4 digits of account number x x x xWhen was the debt incurred? 8/7/2007-10/20/2009

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

St Louis MO **63141**
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Service Bill

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.83****\$496.00****Suddenlink**Nonpriority Creditor's Name
520 Maryville Centre Dr

Number Street

Last 4 digits of account number x x x xWhen was the debt incurred? 8/7/2007-10/20/2009

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

St Louis MO 63141

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Service Bill**4.84****\$757.69****Surgery Center Of Amarillo**Nonpriority Creditor's Name
1010 S Coulter St

Number Street

Last 4 digits of account number 6 7 0When was the debt incurred? 2/25/2019-8/25/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79106-1781

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

medical bill

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.85****\$0.00****SYNCB/STEINMART**

Nonpriority Creditor's Name

PO BOX 965005

Number Street

Last 4 digits of account number 2 2 2 0When was the debt incurred? 6/12/2018-4/13/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Orlando FL 32896

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.86****\$2,600.00****The Cash Store**

Nonpriority Creditor's Name

7200 SW 45th Ave Unit 12

Number Street

Last 4 digits of account number 1 6 6 1When was the debt incurred? 7/15/2009-6/8/2010

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Amarillo TX 79109

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

payday loan

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.87****\$10,188.00****The Education Cu..**

Nonpriority Creditor's Name

4400 W 140

Number Street

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Unsecured**4.88****\$1,500.00****The Education Cu..**

Nonpriority Creditor's Name

4400 W 140

Number Street

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Check Credit or Line of CreditLast 4 digits of account number 8 1 4 3When was the debt incurred? 05/2012

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Unsecured

Last 4 digits of account number 8 1 6 9When was the debt incurred? 11/2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Check Credit or Line of Credit

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.89****\$550.00****Thrifty Car Rental**

Nonpriority Creditor's Name

6644 Valjean Ave

Number Street

Last 4 digits of account number 7 2 2 8When was the debt incurred? 11/24/2005-11/23/2005

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Van Nuys CA 91406

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **other**

4.90**\$1,161.49****TownSquare Emergency Assoc**

Nonpriority Creditor's Name

PO Box 24432

Number Street

Last 4 digits of account number 4 1 9 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Fort Worth TX 76124

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Medical Bill**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.91****\$1,000.00****TRIBUTE**

Nonpriority Creditor's Name

PO BOX 105555

Number Street

Last 4 digits of account number 6 5 0 4When was the debt incurred? 1/5/2004-1/4/2007

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

ATLANTA GA 30348

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card**4.92****\$615.00****Tribute**

Nonpriority Creditor's Name

POB 105555

Number Street

Last 4 digits of account number 1 9 7 6When was the debt incurred? 7/6/2006-11/22/2007

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

ATLANTA GA 30348-5555

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.93****\$51.00****USAA Bank**

Nonpriority Creditor's Name

10750 McDermott Freeway

Number Street

Last 4 digits of account number 0 4 5 6When was the debt incurred? 6/2/2015-6/19/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

San Antonio TX 78288-0544

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
other

4.94**\$0.00****USAA SECURED CREDIT CARD**

Nonpriority Creditor's Name

10750 MCDERMOTT FWY

Number Street

Last 4 digits of account number 2 7 8 8When was the debt incurred? 1/5/2015-1/7/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

SAN ANTONIO TX 78288-1600

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
credit card

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.95****\$2,934.00****Verizon Wireless**
Nonpriority Creditor's Name
500 Technology Drive, Suite 550Number Street
_____Last 4 digits of account number 0 0 0 1When was the debt incurred? 3/5/2015-5/8/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Weldon Spring **MO** **63304**
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
other

4.96**\$1,620.00****Verizon Wireless..**
Nonpriority Creditor's Name
Attn: BankruptcyNumber Street
500 Technology Dr, Ste 550Last 4 digits of account number 0 0 0 1When was the debt incurred? 12/2011

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Weldon Spring **MO** **63304**
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Phone Bill

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Phone Bill

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.97****\$0.00****WELLS FARGO SECURED VISA**

Nonpriority Creditor's Name

P.O. Box 10347

Number Street

Last 4 digits of account number **3 0 5 5**When was the debt incurred? **1/5/2015-12/31/1969**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Des Moines IA 50306

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

credit card

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **credit card**

Debtor 1 Angela Margrave Case number (if known) _____**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AFNI, INC for AT&T U-VERSE

Name
PO BOX 3097
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
other Part 2: Creditors with Nonpriority Unsecured Claims

BLOOMINGTON **IL** **61702**
 City State ZIP Code

Last 4 digits of account number **7 2 8 1****Amarillo National Bank**

Name
PO Box 1
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
other Part 2: Creditors with Nonpriority Unsecured Claims

Amarillo **TX** **79105**
 City State ZIP Code

Last 4 digits of account number **_____****Ascent Card Services**

Name
PO Box 10584
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Greenville **SC** **29603**
 City State ZIP Code

Last 4 digits of account number **_____****Bennett Law**

Name
PO Box 101928 dept 356
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.86** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Birmingham **AL** **35210**
 City State ZIP Code

Last 4 digits of account number **_____****Caprock Credit Corporation**

Name
1800 S Hughes St
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Repossession Part 2: Creditors with Nonpriority Unsecured Claims

Amarillo **TX** **79102**
 City State ZIP Code

Last 4 digits of account number **x x x x****Repossession**

Debtor 1 Angela Margrave Case number (if known) _____**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****CBC Credit Bureau Centre** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **PO Box 273**
 Number Street _____

Line 4.56 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Monroe **WI** **53566-0273** Last 4 digits of account number _____
 City _____

CERTIFIED COLLECTORS On which entry in Part 1 or Part 2 did you list the original creditor?

Name **707 s MADISON ST**
 Number Street _____

Line 4.31 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

AMARILLO **TX** **79101** Last 4 digits of account number _____
 City _____

CitiMortgage On which entry in Part 1 or Part 2 did you list the original creditor?

Name **PO Box 689196**
 Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 other Part 2: Creditors with Nonpriority Unsecured Claims

Des Moines **IA** **50368** Last 4 digits of account number **5 4 5 7**
 City _____

Collection Company of Americ On which entry in Part 1 or Part 2 did you list the original creditor?

Name **700 Longwater Dr**
 Number Street _____

Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Norwell **MA** **02061** Last 4 digits of account number _____
 City _____

COMENITY BANK/LANE BRYANT On which entry in Part 1 or Part 2 did you list the original creditor?

Name **PO BOX 182789**
 Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 other Part 2: Creditors with Nonpriority Unsecured Claims

COLUMVUS **OH** **43218** Last 4 digits of account number **X X X X**
 City _____

Consumer Portfolio - CPS On which entry in Part 1 or Part 2 did you list the original creditor?

Name **PO BOX 57071-19500 JAMBOREE RD SUITE 500**
 Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Repossession - 2012 Part 2: Creditors with Nonpriority Unsecured Claims
Ford Fusion

IRVINE **CA** **92612** Last 4 digits of account number **7 0 3 5**
 City _____

Repossession - 2012 Ford Fusion

Debtor 1 Angela Margrave Case number (if known) _____**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**

Discover Name PO Box 30416 Number Street _____	On which entry in Part 1 or Part 2 did you list the original creditor?
Line _____ of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> credit card <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Salt Lake City UT 84130 City State ZIP Code	Last 4 digits of account number 2 9 8 3
Diversified Consultants Inc Name PO Box 679 Dept #03 Number Street _____	On which entry in Part 1 or Part 2 did you list the original creditor?
Line _____ of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Dallas TX 75267-9543 City State ZIP Code	Last 4 digits of account number _____
Diversified Consultants Inc Name PO Box 551268 Number Street _____	On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.14 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Jacksonville FL 32255-1268 City State ZIP Code	Last 4 digits of account number _____
EOS CCA Name 700 Longwater dr Number Street _____	On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Norwell MA 02061 City State ZIP Code	Last 4 digits of account number _____
Finance Corp of America Name po box 203500 Number Street _____	On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.65 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Austin TX 78720 City State ZIP Code	Last 4 digits of account number _____
First National Collection Name po box 1259 - dept 21377 Number Street _____	On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.70 of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Oaks PA 19456 City State ZIP Code	Last 4 digits of account number _____

Debtor 1 Angela Margrave Case number (if known) _____**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Jefferson Capital Systems** On which entry in Part 1 or Part 2 did you list the original creditor?

Name 16 McLeland Rd
 Number Street _____

Line 4.73 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

St Cloud **MN** **56303** Last 4 digits of account number _____
 City _____ State ZIP Code

Law Offices of Mitchell Kay On which entry in Part 1 or Part 2 did you list the original creditor?

Name PO Box 9006
 Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Smithtown **NY** **11787-9006** Last 4 digits of account number _____
 City _____ State ZIP Code

LTD Financial Services On which entry in Part 1 or Part 2 did you list the original creditor?

Name 3200 Wilcrest Suite 600
 Number Street _____

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Houston **TX** **77042-6000** Last 4 digits of account number _____
 City _____ State ZIP Code

McCarthy, Burgess \$ Wolfe On which entry in Part 1 or Part 2 did you list the original creditor?

Name 26000 Cannon Rd
 Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Cleveland **OH** **44146** Last 4 digits of account number _____
 City _____ State ZIP Code

Midland Credit mgmt On which entry in Part 1 or Part 2 did you list the original creditor?

Name 8875 Aero Dr Ste 2
 Number Street _____

Line 4.77 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

San Diego **CA** **92123** Last 4 digits of account number _____
 City _____ State ZIP Code

MRS On which entry in Part 1 or Part 2 did you list the original creditor?

Name 1930 Olney Ave
 Number Street _____

Line 4.42 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Cherry Hill **NJ** **08003** Last 4 digits of account number _____
 City _____ State ZIP Code

Debtor 1 Angela Margrave Case number (if known) _____**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****National Commercial Serv** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **6644 Valjean Ave**
 Number Street _____

Line 4.89 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Van Nuys **CA** **91406** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

National Credit Adjusters, LLC On which entry in Part 1 or Part 2 did you list the original creditor?

Name **327 W 4th**
 Number Street _____

Line 4.67 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Hutchinson **KY** **67501** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

NCB Management Services On which entry in Part 1 or Part 2 did you list the original creditor?

Name **PO Box 1099**
 Number Street _____

Line 4.76 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Langhorne **PA** **19047** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

Pinnacle Credit Services On which entry in Part 1 or Part 2 did you list the original creditor?

Name **PO Box 640**
 Number Street _____

Line 4.37 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Hopkins **MN** **55343-0640** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

Rushmore Service Center On which entry in Part 1 or Part 2 did you list the original creditor?

Name **PO Box 5507**
 Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Sioux Falls **SD** **57117-5507** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

Seiler & Assoc/ Thomas Landis On which entry in Part 1 or Part 2 did you list the original creditor?

Name **1210 North Brook Dr - Suite 300**
 Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Trevose **PA** **19053** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

Debtor 1 Angela Margrave Case number (if known) _____**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Southwest Credit** On which entry in Part 1 or Part 2 did you list the original creditor?

Name **PO BOX 1280**
 Number Street _____

Line 4.95 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

OAKS **PA** **19456-1280** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

SOUTHWEST RECOVERY SERV On which entry in Part 1 or Part 2 did you list the original creditor?

Name **15400 KNULL TRAIL DR STE 300**
 Number Street _____

Line 4.81 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

DALLAS **TX** **75248** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

US Attorney in Charge On which entry in Part 1 or Part 2 did you list the original creditor?

Name **1100 Commerce St. 3rd Floor**
 Number Street _____

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Dallas **TX** **75242** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

US Trustee On which entry in Part 1 or Part 2 did you list the original creditor?

Name **William T. Neary**
 Number Street **1100 Commerce St. Rm. 976**

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Dallas **TX** **75242** Last 4 digits of account number _____
 City _____ State _____ ZIP Code _____

USAA Secured Visa On which entry in Part 1 or Part 2 did you list the original creditor?

Name **10750 McDermott Freeway**
 Number Street **credit card**

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

SAN ANTONIO **TX** **78288-9876** Last 4 digits of account number 1 2 6 4
 City _____ State _____ ZIP Code _____

Debtor 1 Angela Margrave Case number (if known) _____**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. <u>\$0.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$1,065.00</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
6e. Total. Add lines 6a through 6d.	<u>\$1,065.00</u>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. <u>\$7,946.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$193,785.18</u>
6j. Total. Add lines 6f through 6i.	<u>\$201,731.18</u>

Fill in this information to identify your case:

Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for	
2.1	Robann Goodrich Name Box 818 Number Street	Residential Lease Date Lease Began: 5/15/2015 Date Scheduled to End: 9/30/2022 Contract to be ASSUMED	
	Glenrio City	NM	79106 State ZIP Code
2.2	SelfCare Self Storage Name 831 North Forrest Street Number Street	Storage Unit Month to Month Contract to be REJECTED	
	Amarillo City	TX	79106 State ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106H**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes
- Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1	Brandy Margrave Name <u>3609 Memory Ln</u> Number Street	<input type="checkbox"/> Schedule D, line _____
	<u>Amarillo</u> TX <u>79109</u> City State ZIP Code	<input type="checkbox"/> Schedule E/F, line _____
	Brandy Margrave Name <u>3609 Memory Lane</u> Number Street	<input checked="" type="checkbox"/> Schedule G, line <u>2.2</u>
3.2	<u>Amarillo</u> TX <u>79109</u> City State ZIP Code	SelfCare Self Storage <input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.79</u> <input type="checkbox"/> Schedule G, line _____ SelfCare Self Storage

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Angela		Margrave
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF TEXAS		
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

 MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1****Debtor 2 or non-filing spouse**

Employed
 Not employed

Employed
 Not employed

Occupation**Hydro-Meteorological Technicia****Employer's name****DOC/NOAA/National Weather Service****Employer's address****PO BOX 60000**

Number Street

Number Street

New Orleans**LA****70160**

City

State

Zip Code

City

State

Zip Code

How long employed there? **29 years****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$5,518.50	
3. Estimate and list monthly overtime pay.	3. +	\$0.00	
4. Calculate gross income. Add line 2 + line 3.	4.	\$5,518.50	

Debtor 1	Angela Margrave	Case number (if known)	
		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔		4.	\$5,518.50
5.	List all payroll deductions:		
5a.	Tax, Medicare, and Social Security deductions	5a.	\$844.63
5b.	Mandatory contributions for retirement plans	5b.	\$0.00
5c.	Voluntary contributions for retirement plans	5c.	\$0.00
5d.	Required repayments of retirement fund loans	5d.	\$0.00
5e.	Insurance	5e.	\$664.76
5f.	Domestic support obligations	5f.	\$0.00
5g.	Union dues	5g.	\$50.29
5h.	Other deductions. Specify: <u>See continuation sheet</u>	5h. +	\$82.64
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$1,642.32
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,876.18
8.	List all other income regularly received:		
8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			
8b.	Interest and dividends	8b.	\$0.00
8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$672.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			
8d.	Unemployment compensation	8d.	\$0.00
8e.	Social Security	8e.	\$0.00
8f.	Other government assistance that you regularly receive		
Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
Specify: _____		8f.	\$0.00
8g.	Pension or retirement income	8g.	\$0.00
8h.	Other monthly income. Specify: _____	8h. +	\$0.00
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$672.00
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$4,548.18
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	11. +	\$0.00
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.			
Specify: _____		11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12.	\$4,548.18
Combined monthly income			

Debtor 1 Angela Margrave

Case number (if known) _____

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain:

None.

Debtor 1 Angela Margrave Case number (if known) _____

5h. Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
<u>Retirement</u>	<u>\$40.24</u>	<u></u>
<u>Retirement Loan</u>	<u>\$42.40</u>	<u></u>
Totals:	\$82.64	

Fill in this information to identify your case:

Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. **Does Debtor 2 live in a separate household?**
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>daughter</u>	<u>17</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>25</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4. <u>\$1,100.00</u>
If not included in line 4:	
4a. Real estate taxes	4a. _____
4b. Property, homeowner's, or renter's insurance	4b. _____
4c. Home maintenance, repair, and upkeep expenses	4c. _____
4d. Homeowner's association or condominium dues	4d. _____

Debtor 1	<u>Angela Margrave</u>	Case number (if known)	<hr/>
		<u>Your expenses</u>	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	<hr/>
6.	Utilities:		
6a.	Electricity, heat, natural gas	6a.	<hr/> \$220.00
6b.	Water, sewer, garbage collection	6b.	<hr/> \$80.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	<hr/> \$400.00
6d.	Other. Specify: _____	6d.	<hr/>
7.	Food and housekeeping supplies	7.	<hr/> \$950.00
8.	Childcare and children's education costs	8.	<hr/>
9.	Clothing, laundry, and dry cleaning	9.	<hr/> \$100.00
10.	Personal care products and services	10.	<hr/> \$150.00
11.	Medical and dental expenses	11.	<hr/> \$500.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<hr/> \$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<hr/>
14.	Charitable contributions and religious donations	14.	<hr/> \$50.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	15a.	<hr/>
15b.	Life insurance	15b.	<hr/>
15c.	Health insurance	15c.	<hr/>
15d.	Vehicle insurance	15d.	<hr/> \$180.00
15d.	Other insurance. Specify: _____	15d.	<hr/>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	<hr/>
17.	Installment or lease payments:	17a.	<hr/>
17a.	Car payments for Vehicle 1 2016 Mitsubishi Outback Sport	17a.	<hr/> \$402.00
17b.	Car payments for Vehicle 2	17b.	<hr/>
17c.	Other. Specify: <u>Ipad</u>	17c.	<hr/> \$213.26
17d.	Other. Specify: _____	17d.	<hr/>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	<hr/>
19.	Other payments you make to support others who do not live with you. Specify: _____	19.	<hr/>

Debtor 1 Angela Margrave Case number (if known) _____**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. **Other.** Specify: _____

21. + _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. _____ \$4,545.26
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. _____ \$4,545.26

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. _____ \$4,548.18
23b. Copy your monthly expenses from line 22c above.	23b. - _____ \$4,545.26
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. _____ \$2.92

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes. Explain here:**None.**

Fill in this information to identify your case:		
Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
Last Name		
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>		
Case number (if known)		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	<u>\$0.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	<u>\$32,090.80</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	<u>\$32,090.80</u>

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a.	Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	<u>\$20,851.46</u>
3.	<i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<u>\$1,065.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<u>+ \$201,731.18</u>
		Your total liabilities
		<u>\$223,647.64</u>

Part 3: Summarize Your Income and Expenses

4.	<i>Schedule I: Your Income</i> (Official Form 106I)	
	Copy your combined monthly income from line 12 of Schedule I.....	<u>\$4,548.18</u>
5.	<i>Schedule J: Your Expenses</i> (Official Form 106J)	
	Copy your monthly expenses from line 22c of Schedule J.....	<u>\$4,545.26</u>

Debtor 1 Angela Margrave Case number (if known) _____**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**\$6,222.50****9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$1,065.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$7,946.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$9,011.00

Fill in this information to identify your case:

Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

Date 01/10/2020

MM / DD / YYYY

X

Signature of Debtor 2

Date

MM / DD / YYYY

Fill in this information to identify your case:		
Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>		
Case number (if known)		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the last calendar year: (January 1 to December 31, <u>2019</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$67,856.27	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2018</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$60,005.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	Child Support	\$336.93		
For the last calendar year: (January 1 to December 31, <u>2019</u>) YYYY	Child Support	\$8,760.18		
For the calendar year before that: (January 1 to December 31, <u>2018</u>) YYYY	Child Support	\$8,760.18		

Debtor 1 Angela Margrave Case number (if known) _____**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Carvana Creditor's name		\$1,206.00	\$20,068.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
PO Box 29002 Number Street				
Phoenix City	AZ State	85038 ZIP Code		

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

No

Yes. List all payments to an insider.

Debtor 1 Angela Margrave Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.Case title Consumer Portfolio Services v Angela Margrave Nature of the case LawsuitCase number 75966B

Court or agency	Status of the case	
<u>Randall County 181st District Court</u>	<input checked="" type="checkbox"/> Pending	
Court Name	<input type="checkbox"/> On appeal	
<u>2309 Russell Long Blvd</u>	<input type="checkbox"/> Concluded	
Number Street		
<u>Ste. 110</u>		
City	TX	79015
	State	ZIP Code

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Describe the property	Date	Value of the property
<u>2016 Chrysler 300 S</u>	<u>12/23/2019</u>	<u>\$13,684.00</u>
Creditor's Name		
<u>Regional Acceptance Co..</u>		
Attn: Bankruptcy		
Number Street		
<u>1424 E Firetower Rd</u>		
City		
<u>Greenville</u>	<u>SC</u>	<u>27858</u>
City	State	ZIP Code
Explain what happened		
<input checked="" type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes

Debtor 1 Angela Margrave

Case number (if known) _____

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No
 Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Swindell Law Firm Person Who Was Paid			
106 S.W. 7th Ave. Number Street		<u>06/20/2019</u>	<u>\$2,460.00</u>

Amarillo TX 79101
 City State ZIP Code

Email or website address _____

Person Who Made the Payment, if Not You _____

Debtor 1 Angela Margrave

Case number (if known) _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Financial Institution	Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Wells Fargo					
Name of Financial Institution					
3429 Bell St		XXXX- <u>6</u> <u>6</u> <u>5</u> <u>3</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	<u>8/15/2018</u>	<u>\$0.00</u>
Number Street					
Amarillo	TX	79109			
City	State	ZIP Code			
Wells Fargo					
Name of Financial Institution					
3429 Bell St		XXXX- <u>6</u> <u>7</u> <u>1</u> <u>0</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	<u>8/15/2018</u>	<u>\$0.00</u>
Number Street					
Amarillo	TX	79109			
City	State	ZIP Code			

Debtor 1 Angela Margrave Case number (if known) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Debtor 1 Angela Margrave Case number (if known) _____**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Angela Margrave
Angela Margrave, Debtor 1

X _____
Signature of Debtor 2

Date 01/10/2020

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:		
Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
Case number (if known)		

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

Creditor's name:

Description of property securing debt:

Creditor's name:

Description of property securing debt:

Creditor's name:

Description of property securing debt:

What do you intend to do with the property that secures a debt?

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

Did you claim the property as exempt on Schedule C?

- No
- Yes

- No
- Yes

- No
- Yes

Debtor 1 Angela Margrave Case number (if known) _____**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **Robann Goodrich** NoDescription of leased property: **Residential Lease** YesDate Lease Began: **5/15/2015**Date Scheduled to End: **9/30/2022**Lessor's name: **SelfCare Self Storage** NoDescription of leased property: **Storage Unit** YesTerm: **Month to Month****Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

X

Signature of Debtor 2

Date 01/10/2020

MM / DD / YYYY

Date

MM / DD / YYYY

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION**

In re **Angela Margrave**

Case No. _____

Chapter **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$2,460.00
Prior to the filing of this statement I have received.....	\$2,460.00
Balance Due.....	\$0.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Adversary Claims

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/10/2020

Date

/s/ Patrick A. Swindell

Patrick A. Swindell
Swindell Law Firm
106 S.W. 7th Ave.
Amarillo, TX 79101
Phone: (806) 374-7979 / Fax: (806) 374-1991

Bar No. 19587450

/s/ Angela Margrave

Angela Margrave

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION

IN RE: **Angela Margrave**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/10/2020

Signature /s/ *Angela Margrave*
Angela Margrave

Date _____

Signature _____

Account Recovery Services..
Attn: Bankruptcy
3144 SW 28th Ave Ste A
Amarillo, TX 79109

Amarillo Urology Assoc.
1900 Medi Park Dr
Amarillo, TX 79106

Advanced Imaging Center
7010 SW 9th Ave
Amarillo, TX 79106

American Medical Response
PO Box 847925
Dallas, TX 75284-7925

Afni, Inc...
Attn: Bankruptcy
PO Box 3427
Bloomington, IL 61702

Angela Margrave
3609 Memory Ln
Amarillo, TX 79109

AFNI. INC for AT&T U-VERSE
PO BOX 3097
BLOOMINGTON, IL 61702

Ascent Card Services
PO Box 10584
Greenville, SC 29603

AMARILLO BONE AND JOINT
1100 S COULTER ST
AMARILLO, TX 79106

AT&T Mobility
PO Box 6463
Carol Stream, IL 60197

Amarillo Heart Group
1901 Port Lane
Amarillo, TX 79106

AT&T/Direct TV/U-Verse
PO Box 6550
Greenwood Village, CO 80155

Amarillo Medical Specialists - Scha
1900 S Coulter Ste C
Amarillo, TX 79106-1769

ATT
700 Longwater dr
Norwell, MA 02061

Amarillo Medical Specialists - Susa
1301 S Coulter St, Ste 106
Amarillo, TX 79106-1763

Bennett Law
PO Box 101928 dept 356
Birmingham, AL 35210

Amarillo National Bank
PO Box 1
Amarillo, TX 79105

Blaze Mastercard
PO Box 5096
SIOUX FALLS, SD 57117-5096

Brandy Margrave
3609 Memory Ln
Amarillo, TX 79109

CapitalOne Quicksilver
P.O. Box 30285
Salt Lake City, UT 84130-0287

Brandy Margrave
3609 Memory Lane
Amarillo, TX 79109

Caprock Credit Corp..
1111 Sw 18th Ave
Amarillo, TX 79102

BSA Amarillo Diagnostic Clinic
PO Box 840020
Amarillo, TX 75284-0020

Caprock Credit Corporation
1800 S Hughes St
Amarillo, TX 79102

BSA Health System
PO Box 950
Amarillo, TX 79105

Cardiology Center of Amarillo
PO Box 1906 - 707 S Madison
Amarillo, TX 79105

BSA Hospital
PO Box 950
Amarillo, TX 79105

Carvana
PO Box 29002
Phoenix, AZ 85038

Bull City Financial Solutions..
2609 North Duke Street
Suite 500
Durham, NC 27704

Cash Jar
PO Box 1637
Belize City, CA 82845

CAPITAL ONE
PO Box 30285
SALT LAKE CITY, UT 84130-0287

CBC Credit Bureau Centre
PO Box 273
Monroe, WI 53566-0273

CAPITAL ONE
PO Box 30285
SALT LAKE CITY, UT 84130

CERTIFIED COLLECTORS
707 S MADISON ST
AMARILLO, TX 79101

Capital One bank
PO Box 30285
Salt Lake City, UT 84130

Certified Collectors Inc
PO Box 1906
Amarillo, TX 79105

Chase Card Services..
Attn: Bankruptcy
PO Box 15298
Wilmington, DE 19850

Dillards
PO Box 981471
El Paso, TX 79998-1471

ChecknGo
4540 Cooper Rd. Suite 200
Cincinnati, OH 45242

Discover
PO Box 30416
Salt Lake City, UT 84130

CitiMortgage
PO Box 689196
Des Moines, IA 50368

Diversified Consultants Inc
PO Box 551268
Jacksonville, FL 32255-1268

Collection Company of Americ
700 Longwater Dr
Norwell, MA 02061

Diversified Consultants Inc
PO Box 679 Dept #03
Dallas, TX 75267-9543

COMENITY BANK/LANE BRYANT
PO BOX 182789
COLUMVUS, OH 43218

EOS CCA
700 Longwater dr
Norwell, MA 02061

Consumer Portfolio - CPS
PO BOX 57071-19500 JAMBOREE RD SUIT
IRVINE, CA 92612

Exceptional Emergency Care
1601 Elm St
Dallas, TX 75201

Consumer Portfolio Svc..
Attn: Bankruptcy
PO Box 57071
Irvine, CA 92619

EXETER FINANCE CORP
PO BOX 166097
IRVING, TX 75016

Credit One Bank
PO Box 98872
Las Vegas, NV 89193-8872

Finance Corp of America
po box 203500
Austin, TX 78720

CreditOne
PO Box 98873
Las Vegas, NV 89193-8873

First National Collection
po box 1259 - dept 21377
Oaks, PA 19456

First PREMIER Bank..
Attn: Bankruptcy
PO Box 5524
Sioux Falls, SD 57117

Jefferson Capital Systems
16 McLeland Rd
St Cloud, MN 56303

First Savings Bank/Blaze..
Attn: Bankruptcy
PO Box 5096
Sioux Falls, SD 57117

Jefferson Capital Systems, LLC..
PO Box 1999
Saint Cloud, MN 56302

High Plains Dermatology ctr
4302 Wolflin Ave
Amarillo, TX 79106-5959

John Terry
301 S. Polk #630
Amarillo, TX 79101

High Plains Radiology
1901 Medi Park Dr # 2050
Amarillo, TX 79106

LANE BRYANT
450 WINKS LN
BENSALEM, PA 19020

HSBC Bank
PO Box 5253
Carol Stream, IL 60197

Law Offices of Mitchell Kay
PO Box 9006
Smithtown, NY 11787-9006

HSBC Bank - Capital One
287 Independence
Virginia Beach, VA 23462

LTD Financial Services
3200 Wilcrest Suite 600
Houston, TX 77042-6000

INDIGO MASTERCARD - Genesis Financi
PO BOX 4499
BEAVERTON, OR 97076-4499

LVNV Funding/Resurgent Capital..
Attn: Bankruptcy
PO Box 10497
Greenville, SC 29603

Internal Revenue Service*
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101-7346

MASSEYS
1251 1st Ave.
Chippewa Falls, WI 54729

Jan LittleJohn
3319 Lombard
Amarillo, TX 79106

McCarthy, Burgess & Wolfe
26000 Cannon Rd
Cleveland, OH 44146

Merrick Bank
POB 1500
Draper, UT 84020

Northwest Texas Healthcare
1501 S Coulter
Amarillo, TX 79106

Midland Credit mgmt
8875 Aero Dr Ste 2
San Diego, CA 92123

NPRTO Texas
256 West Data Drive
Draper, UT 84020

MIDNIGHT VELVET
1112 7TH AVE - PO BOX 2816
MONROE, WI 53566

OrthoFi
303 E 17th Ave Ste 400
Denver, CO 80203-1289

MRS
1930 Olney Ave
Cherry Hill, NJ 08003

Pinnacle Credit Services
PO Box 640
Hopkins, MN 55343-0640

National Commercial Serv
6644 Valjean Ave
Van Nuys, CA 91406

Plain Green Loans - Acct Serv
93 Mack Road, Suite 600-PO Box 270
Box Elder, MT 59521

National Credit Adjusters, LLC
327 W 4th
Hutchinson, KY 67501

Plains Commerce Bank
3817 S Elmwood Ave
Sioux Falls, SD 57105

NCB Management Services
PO Box 1099
Langhorne, PA 19047

Plains Commerce bank
PO Box 89937
Sioux Falls, SD 57109-6140

NCB Management Services..
Attn: Bankruptcy
One Allied Drive
Trevose, PA 19053

Plains Commerce Credit Card
po box 1259
Oaks, PA 19456

Nelnet..
Attn: Bankruptcy Claims
PO Box 82505
Lincoln, NE 68501

Portfolio Recovery..
Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502

Premier Bankcard
16 McLeland Rd
St Cloud, MN 56303

SelfCare Self Storage
831 North Forrest Street
Amarillo, TX 79106

Quail Creek Surgical Hosp.
3144 SW 28th Ave Ste A
Amarillo, TX 79109

SEVENTH AVE
1112 7TH AVE
MONROE, WI 53566

Regional Acceptance Co..
Attn: Bankruptcy
1424 E Firetower Rd
Greenville, SC 27858

Shoreline Inc
1220 Gregory st
Taft, TX 78390

Republic Bank & Trust - Elastic Loa
PO Box 950276
Louisville, KY 40295-0276

Southwest Credit
PO BOX 1280
OAKS, PA 19456-1280

Robann Goodrich
Box 818
Glenrio, NM 79106

SOUTHWEST RECOVERY SERV
15400 KNOLL TRAIL DR STE 300
DALLAS, TX 75248

Rushmore Service Center
PO Box 5507
Sioux Falls, SD 57117-5507

Suddenlink
520 Maryville Centre Dr
St Louis, MO 63141

Salute Visa
8875 Aero Dr Ste 2
San Diego, CA 92123

Surgery Center Of Amarillo
1010 S Coulter St
Amarillo, TX 79106-1781

Security Finance
PO Box 3146
Spartanburg, SC 29304

SYNCB/STEINMART
PO BOX 965005
Orlando, FL 32896

Seiler & Assoc/ Thomas Landis
1210 North Brook Dr - Suite 300
Trevose, PA 19053

The Cash Store
7200 SW 45th Ave Unit 12
Amarillo, TX 79109

The Education Cu..
4400 W I 40
Amarillo, TX 79106

USAA Secured Visa
10750 McDermott Freeway
SAN ANTONIO, TX 78288-9876

Thrifty Car Rental
6644 Valjean Ave
Van Nuys, CA 91406

Verizon Wireless
500 Technology Drive, Suite 550
Weldon Spring, MO 63304

TownSquare Emergency Assoc
PO Box 24432
Fort Worth, TX 76124

Verizon Wireless..
Attn: Bankruptcy
500 Technology Dr, Ste 550
Weldon Spring, MO 63304

TRIBUTE
PO BOX 105555
ATLANTA, GA 30348

WELLS FARGO SECURED VISA
P.O. Box 10347
Des Moines, IA 50306

Tribute
POB 105555
ATLANTA, GA 30348-5555

US Attorney in Charge
1100 Commerce St. 3rd Floor
Dallas, TX 75242

US Trustee
William T. Neary
1100 Commerce St. Rm. 976
Dallas, TX 75242

USAA Bank
10750 McDermott Freeway
San Antonio, TX 78288-0544

USAA SECURED CREDIT CARD
10750 MCDERMOTT FWY
SAN ANTONIO, TX 78288-1600

Fill in this information to identify your case:			Check one box only as directed in this form and in Form 122A-1Supp:
Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	<input type="checkbox"/> 1. There is no presumption of abuse.
Debtor 2 (Spouse, if filing)	First Name	Middle Name	<input checked="" type="checkbox"/> 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			<input type="checkbox"/> 3. The Means Test does not apply now because of qualified military service but it could apply later.
Case number (if known)			<input type="checkbox"/> Check if this is an amended filing

Official Form 122A-1**Chapter 7 Statement of Your Current Monthly Income**

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status? Check one only.**

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$5,492.48	
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$730.02	

Debtor 1 Angela Margrave

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**5. Net income from operating a business, profession, or farm**

Debtor 1 Debtor 2

Gross receipts (before all
deductions) \$0.00 _____Ordinary and necessary operating expenses -\$0.00 _____Net monthly income from a business,
profession, or farm \$0.00 _____Copy
here → \$0.00 _____**6. Net income from rental and other real property**

Debtor 1 Debtor 2

Gross receipts (before all
deductions) \$0.00 _____Ordinary and necessary operating expenses -\$0.00 _____Net monthly income from rental or
other real property \$0.00 _____Copy
here → \$0.00 _____**7. Interest, dividends, and royalties**\$0.00 _____**8. Unemployment compensation**\$0.00 _____Do not enter the amount if you contend that the amount received was a
benefit under the Social Security Act. Instead, list it here: ↓For you..... \$0.00

For your spouse..... _____

9. Pension or retirement income. Do not include any amount received that
was a benefit under the Social Security Act. Also, except as stated in the
next sentence, do not include any compensation, pension, pay, annuity, or
allowance paid by the United States Government in connection with a
disability, combat-related injury or disability, or death of a member of the
uniformed services. If you received any retired pay paid under chapter 61
of title 10, then include that pay only to extent that it does not exceed the
amount of retired pay to which you would otherwise be entitled if retired
under any provision of title 10 other than chapter 61 of that title.\$0.00 _____**10. Income from all other sources not listed above.** Specify the source and
amount. Do not include any benefits received under the Social Security Act;
payments received as a victim of a war crime, a crime against humanity, or
international or domestic terrorism; or compensation, pension, pay, annuity,
or allowance paid by the United States Government in connection with a
disability, combat-related injury or disability, or death of a member of the
uniformed services. If necessary, list other sources on a separate page
and put the total below._____

Total amounts from separate pages, if any.

+ _____ + _____

Debtor 1 Angela Margrave Case number (if known) _____

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<u>\$6,222.50</u>	<u> </u>
<u> </u>	<u> </u>
Total current monthly income	

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a. **\$6,222.50**
 Multiply by 12 (the number of months in a year). **X 12**
 12b. The result is your annual income for this part of the form. **12b. **\$74,670.00****

13. Calculate the median family income that applies to you. Follow these steps:Fill in the state in which you live. **Texas**Fill in the number of people in your household. **3**Fill in the median family income for your state and size of household..... **13. **\$72,632.00****

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

Date **1/10/2020**

MM / DD / YYYY

X

Signature of Debtor 2

Date

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:			Check the appropriate box as directed in lines 40 or 42:
Debtor 1	<u>Angela</u> First Name	<u>Margrave</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number (if known)			

According to the calculation required by this Statement:

1. There is no presumption of abuse.

2. There is a presumption of abuse.

Check if this is an amended filing

Official Form 122A-2**Chapter 7 Means Test Calculation****04/19**

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income..... Copy line 11 from Official Form 122A-1 here → 1. \$6,222.50

2. Did you fill out Column B in Part 1 of Form 122A-1?

No. Fill in \$0 for the total on line 3.

Yes. Is your spouse filing with you?

No. Go to line 3.

Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

No. Fill in \$0 for the total on line 3.

Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

+

Total \$0.00

Copy total here → - \$0.00

\$6,222.50

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$1,446.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person	<u>\$55.00</u>
7b. Number of people who are under 65	<u>X 3</u>
7c. Subtotal. Multiply line 7a by line 7b.	<u>\$165.00</u> Copy here → <u>\$165.00</u>

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person	<u>\$114.00</u>
7e. Number of people who are 65 or older	<u>X _____</u>
7f. Subtotal. Multiply line 7d by line 7e.	<u>\$0.00</u> Copy here → + <u>\$0.00</u>

7g. **Total.** Add lines 7c and 7f..... **\$165.00** Copy total here → 7g. **\$165.00**

Debtor 1 Angela Margrave

Case number (if known) _____

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities -- Insurance and operating expenses**
- **Housing and utilities -- Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. **\$586.00**

9. **Housing and utilities -- Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. **\$1,176.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
+	
Total average monthly payment	\$0.00

Copy here →

Repeat this amount on line 33a.

\$0.00

Copy here →

\$0.00

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

\$1,176.00

Copy here →

\$1,176.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.**

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- 0. Go to line 14.
- 1. Go to line 12.
- 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. **\$210.00**

Debtor 1 Angela Margrave Case number (if known) _____

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 **Describe Vehicle 1:** **2016 Mitsubishi Outback Sport**

13a. Ownership or leasing costs using IRS Local Standard. **\$508.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-------------------------------------	-------------------------

Carvana **\$334.47**

+

Total average monthly payment

\$334.47

Copy here →

\$334.47

Repeat this amount on line 33b.

Copy net Vehicle 1 expense here →

\$173.53

13c. Net Vehicle 1 ownership or lease expense.

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

\$173.53

\$173.53

Vehicle 2 **Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard.

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-------------------------------------	-------------------------

.....

+

Total average monthly payment

.....

Copy here →

.....

Repeat this amount on line 33c.

Copy net Vehicle 2 expense here →

\$0.00

13f. Net Vehicle 2 ownership or lease expense.

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

.....

\$0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation. **\$0.00**

Debtor 1	<u>Angela Margrave</u>	Case number (if known)			
<p>15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. <u>\$0.00</u></p>					
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Other Necessary Expenses</td> <td>In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.</td> </tr> </table>				Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.
Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.				
<p>16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. <u>\$767.79</u></p> <p>Do not include real estate, sales, or use taxes.</p>					
<p>17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. <u>\$50.18</u></p> <p>Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.</p>					
<p>18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than term. <u>\$180.68</u></p>					
<p>19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. <u>\$0.00</u></p> <p>Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.</p>					
<p>20. Education: The total monthly amount that you pay for education that is either required: <u>\$0.00</u></p> <ul style="list-style-type: none"> ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 					
<p>21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. <u>\$0.00</u></p> <p>Do not include payments for any elementary or secondary school education.</p>					
<p>22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. <u>\$335.00</u></p> <p>Payments for health insurance or health savings accounts should be listed only in line 25.</p>					
<p>23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. <u>\$0.00</u></p> <p>Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.</p>					
<p>24. Add all of the expenses allowed under the IRS expense allowances. <u>\$5,090.18</u></p> <p>Add lines 6 through 23.</p>					

Debtor 1 Angela Margrave

Case number (if known) _____

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	<u>\$491.75</u>
Disability insurance	<u>\$0.00</u>
Health savings account	<u>\$0.00</u>
Total	\$491.75

Copy total here → \$491.75

Do you actually spend this total amount?

 No. How much do you actually spend? _____ Yes

26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$0.00

27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$0.00

By law, the court must keep the nature of these expenses confidential.

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. _____

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$125.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. _____

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). \$50.00

Debtor 1 Angela Margrave Case number (if known) _____

32. Add all of the additional expense deductions.

Add lines 25 through 31.

\$666.75**Deductions for Debt Payment**

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment**Mortgages on your home:**33a. Copy line 9b here..... → **\$0.00****Loans on your first two vehicles:**33b. Copy line 13b here..... → **\$334.47**33c. Copy line 13e here..... → **\$0.00**

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
--	---	--

NPRTD Texas	Ipad	<input checked="" type="checkbox"/> No <u>\$13.06</u>
_____	_____	<input type="checkbox"/> Yes _____
_____	_____	<input type="checkbox"/> No _____
_____	_____	<input type="checkbox"/> Yes _____
_____	_____	<input type="checkbox"/> No + _____
_____	_____	<input type="checkbox"/> Yes _____

33e. Total average monthly payment. Add lines 33a through 33d..... **\$347.53** Copy total here → **\$347.53**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	÷ 60 = _____	
_____	_____	÷ 60 = _____	
_____	_____	÷ 60 = + _____	
Total		<u>\$0.00</u>	Copy total here → <u>\$0.00</u>

Debtor 1 Angela Margrave

Case number (if known) _____

35. Do you owe any priority claims such as a priority tax, child support, or alimony -- that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... \$1,065.00 ÷ 60 = \$17.75

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office.

No. Go to line 37.

Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$100.29

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x 9.4 %

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 \$9.43

Copy total here →

\$9.43

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

\$374.71

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances..... \$5,090.18

Copy line 32, All of the additional expense deductions..... \$666.75

Copy line 37, All of the deductions for debt payment..... + \$374.71

Total deductions \$6,131.64 **Copy total here →** \$6,131.64

Part 3: Determine Whether There Is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income..... \$6,222.50

39b. Copy line 38, Total deductions..... - \$6,131.64

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). \$90.86 **Copy here →** \$90.86
Subtract line 39b from line 39a.

For the next 60 months (5 years)..... x 60

39d. **Total.** Multiply line 39c by 60..... 39d. \$5,451.60 **Copy here →** \$5,451.60

Debtor 1 Angela Margrave Case number (if known) _____

40. Find out whether there is a presumption of abuse. Check the box that applies:

The line 39d is less than \$8,175*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

The line 39d is more than \$13,650*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

The line 39d is at least \$8,175*, but not more than \$13,650*. Go to line 41.

* Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out
A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules
(Official Form 106Sum), you may refer to line 3b on that form.

x .25

41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I).
Multiply line 41a by 0.25.

	Copy here ➔
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42. Determine whether the income you have left over after subtracting all allowed deductions
is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.

Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for
which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

No. Go to Part 5.

Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment
for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income
adjustments necessary and reasonable. You must also give your case trustee documentation of your actual
expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment

Debtor 1 Angela Margrave

Case number (if known) _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

X _____

Signature of Debtor 2

Date 1/10/2020

MM / DD / YYYY

Date _____

MM / DD / YYYY